



STATE OF WASHINGTON  
**APPLICATION FOR CHANGE/TRANSFER  
OF WATER RIGHT**



For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF  
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use  
☐ Add purpose(s) of use  
Change point(s) of diversion/withdrawal  
☒ Add point(s) of diversion/withdrawal  
Change/transfer place of use  
☐ Other (i.e. consolidation, intertie, trust water)

Explain: Add an additional point of diversion

<b>\$111.11 App Fee pd 2-14-08 OKAYOOW</b>	
<b>FOR OFFICE USE ONLY</b>	
CHANGE No. <u>CS4-WRC 038074 e2</u>	WRIA <u>48</u>
DATE ACCEPTED <u>07/24/07</u>	BY <u>[Signature]</u>
FEE \$ <u>[Signature]</u>	REC'D <u>05/23/07</u>
CHECK No. <u>P</u>	
SEPA: <input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

**1. Applicant Information:**

APPLICANT/BUSINESS NAME <b>Washington Department of Fish and Wildlife</b>	PHONE NO. <b>(509) 996-2559</b>	FAX NO. <b>( )</b>
ADDRESS <b>350 Bear Creek Road</b>		
CITY <b>Winthrop</b>	STATE <b>WA</b>	ZIP CODE <b>9856 98862 9734</b>
CONTACT NAME (IF DIFFERENT FROM ABOVE) <b>Kim Romain-Bondi, Methow Valley Wildlife Area Manager Lisa Pelly, Washington Rivers Conservancy</b>	PHONE NO. <b>(509) 996-2559 (509) 888-0970</b>	FAX NO.
ADDRESS <b>Same as above</b>		
CITY	STATE	ZIP CODE

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER <b>WRC No 038074</b>	RECORDED NAME(S) <b>Wa State Department of Fish and Wildlife</b>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

**Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.**

<b>FOR OFFICE USE ONLY</b>			
APP. NO. _____	PERMIT NO. _____	CERT. NO. _____	CERT. OF CHANGE NO. _____

**CS4-038074 CL** **Heath**

**CS4-WRC 038074 e2**

### 3. Point(s) of Diversion/Withdrawal:

#### A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
SW1/4SW1/4Section 13, T. 35N., R. 20 EWM		SW	SW	13	35	20		

#### B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well (Additional POD is the same POD being proposed under Change Applications for SWC 1175 and 1176)		NE	NW	30	35	21		

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: X YES PROPOSED: X YES – IF NO, PROVIDE OWNER(S) NAME:

*Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.*

### 4. Purpose of Use:

#### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation and trust water right	1000	350.8	April 1-September 30

#### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	1000	350.8	April 1-September 30

### 5. Place of Use:

#### A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
The SW1/4SW1/4 of Section 13, the NW1/4SE1/4, SW1/4SE1/4 and SE1/4SE1/4 of Section 14, the NE1/4NE1/4, and SE1/4NE1/4 of Section 23, and the NW1/4NW1/4, and SW1/4NW1/4 of Section 24 all within T. 35N., R.20 EWM							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
			35	20	Okanogan		147.4
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? X YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

#### B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:
Same as existing

638074

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
							147.4
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?  
☒ YES    ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):  
SWC 1175, SWC 1176

6. Remarks and Other Relevant Information:

The Washington Department of Fish and Wildlife’s (WDFW) Big Valley Wildlife Area has recently completed its management plan for the future use of its 845 acres. Several goals and objectives relating to the improvement of the habitat on the Big Valley Ranch including the elimination of significant weed and non-native grass problems on portions of the ranch and the use of their water to establish native grasses and shrubs have been identified that include these and changes to the use of the water associated with the water rights appurtenant to their land therefore we are requesting the addition of a new point of diversion for WRC038074. This new point of diversion will be the same point of diversion of the well as being requested under separate applications for SWC 1175 and SWC 1176.

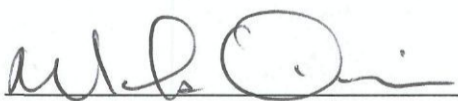
IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

 (Applicant)	5-14-2007 (Date)
_____ (Water Right Holder)	_____ (Date)
_____ (Land Owner(s) of Existing Place of Use)	_____ (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

EC

NGE

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

<input type="checkbox"/> APPLICATION FEE NOT ENCLOSED	<input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION:	